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AUTHOR Gover, F. Jill
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ABSTRACT

Children of alcoholics/addicts (COAs) are at a greater risk to develop alcohol and drug dependency, eating disorders, attention deficit disorders, stress-related illness, and suicidal behavior. Children become part of a conspiracy of silence by being told not to talk about the drug problem. The family members assume different roles which unintentionally allow the chemically dependent person to continue the addiction. The spouse usually assumes the role of chief enabler, protecting and covering up for the addict. The oldest child often takes on the role of the family hero, an overachiever who is always trying to be perfect. The scapegoat decides he or she is not going to try to compete with the family hero, and so takes on the role of the "bad" child, getting into trouble, and acting out the pain and anger in the family. The middle child is usually the "lost" child, the invisible, quiet one whose purpose is to not be a burden on the family. Frequently the youngest child takes on the role of the mascot; he acts cute, mischievous, and endearing. Family members can assume two or more roles simultaneously or take on different roles at different times. Low self-esteem is further exacerbated by feelings of shame. Without intervention, these children are at great risk to continue the family cycle of addiction and self-destructive behaviors. (LLL)

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CHILDREN OF ALCOHOLICS/ADDICTS: CHILDREN AT RISK

F. Jill Gover, Ph.D.
Vallejo City Unified School District
211 Valle Vista Avenue
Vallejo, CA 94590-3282
707-644-8921

CG023555

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CHILDREN OF ALCOHOLICS/ADDICTS: CHILDREN AT RISK

BY JILL GOVER, PH.D.

Children of alcoholics/addicts (COAs) are at a greater risk to develop alcohol and drug dependency, eating disorders, attention deficit disorders, stress-related illnesses, and suicidal behavior (Lehr, 1986). Boys with alcoholic fathers are four times more likely to become alcoholics than boys with non-alcoholic dads, and girls with alcoholic fathers have a three times greater chance of developing the disease. There are approximately 7 million children under age 18 who have chemically dependent parents in the U.S. today (Seixas, 1987). Without intervention, 50% of those children will go on to become substance abusers themselves, and 30% will marry or enter into intimate relationships with chemical dependents (Alliance for Change, 1987). We carry the modeling of our parental interactions into our adult relationships, which is why COAs have such a difficult time with intimacy. These children at a very early age are taught the cardinal rules of survival in a dysfunctional family: 1) don't talk 2) don't feel 3) don't trust (Black, 1985). Children become a part of a conspiracy of silence by being told not to talk about the drug problem.

Chemical dependency is called a feelings disease because it affects peoples' ability to express feelings. Family members turn off vulnerable feelings and cover up with feelings that protect them and make them feel powerful (i.e. rage, anger). However, the deep feelings of pain, abandonment, rejection, hurt, etc. sit inside and ferment, creating emotional disturbances that may lead to suicidal behavior. Members of an alcoholic family need to learn ways to handle the worrisome and painful

situations they face at home, with opportunities to express the feelings pent up inside of them.

When children cannot rely on their primary caregivers (parents) to give them the nurturing, attention, and consistency they need and expect, they generalize their experience and conclude that NO ONE can be trusted. This reluctance to trust others adversely affects their ability to form intimate interpersonal relationships in adulthood.

Because the family is part of a complex environmental system, when one member stops functioning everyone else is affected. The addict's primary relationship is with his chemical which prevents him from carrying his own weight and functioning effectively in the family. In order to compensate, the rest of the family assume different roles which unintentionally allow the chemically dependent person to continue his addiction. If, for example, dad is alcoholic, mom frequently assumes the role of the chief enabler, running the family single-handedly, protecting and covering up for dad, and essentially doing two jobs. As a result of her "co-dependent" behavior, she "burns out," feels inadequate, confused, fearful, resentful, and angry. The oldest child often takes on the role of the family hero, the "looking good" kid, super popular and successful, overachiever, always trying to be "perfect" so that dad will stop drinking. Because this doesn't ever work, the family hero feels he is never good enough, inadequate, confused, frustrated, and hurt. Often the family hero is at great risk for suicide because she equates her total self-worth with external recognition. For a compulsive overachiever like this, failure to get into a college of her choice could precipitate a suicidal crisis.

The scapegoat decides he is not even going to try to compete with the family hero, so he takes on the role of the "bad" kid, getting into trouble,

"acting out" the pain and anger in the family and unintentionally keeping the focus off the real problem which is the parent's drinking or drug use. The scapegoat is vulnerable to suicide because he engages in high risk self-destructive behaviors.

The middle child is usually the "lost child," the invisible, quiet one whose purpose if to "not be a burden" on the family. The lost child retreats and withdraws when conflict arises. This child tends to fall through the cracks, not noticed at home or at school, and can be a high risk for depression or suicidal behavior because of the tendency to withdraw and isolate. Frequently the youngest child takes on the role of the mascot, cute, mischievous, endearing, the class clown. This role keeps everyone laughing and diffuses the tension whenever anyone confronts the addict about his drinking or drug use. Inside, the mascot feels scared, abandoned, and insecure (Wegscheider-Cruse, 1987). Family members can assume two or more roles simultaneously or take on different roles at different times. The problem with these roles is that children feel stuck in them and don't know how to act differently.

No matter what role a child assumes, self-worth is non-existent. Low self-esteem is further exacerbated by the shame they feel. Shame is different from guilt. We feel guilty about an event or behavior we know is undesirable and which we regret having done. Shame, however, causes us to feel bad about who we are, about self. Shame is a deeper, primary emotion, not used to cover up other feelings or keep people away. Anger is often used to mask more vulnerable feelings like shame that are hidden underneath. Initially, shame is induced by the reactions of others to us, particularly of those whom we view as more powerful (i.e.parents). Eventually the shame is internalized. Encompassed in shame are feelings

of being exposed, "caught," embarrassed, trapped, and humiliated. There is of loss of dignity, and extreme acute disappointment which is never discussed, mended, or appeased. Children who live in dysfunctional families often cover their shame by projecting blame. Because these kids can't say how awful they feel about themselves, they often "act out" and "dump" those negative feelings on others (Bradshaw, 1989). This toxic shame creates a dynamic that places children of alcoholics or addicts at greater risk for suicidal behavior then the general population.

The lives of COAs are seriously jeopardized by their family's problem. No matter the type or quantity of the drug used, children of alcoholics/addicts do not learn three essential aspects a of healthy relationship: intimacy, unconditional affection, and the expression of feelings. In a dysfunctional family, love is conditional--it is based on what one does. COAs do not learn how to give unconditional affection because the affection they receive from their parents always has strings attached. Rather, COAs learn to give affection only when they are required to do so or when they manipulate others to get something they want. Because the sober parent is focused on the chemically dependent parent--who is focused exclusively on the chemical--neither parent is able to give the children what they need emotionally. Without intervention, these children are at great risk to continue the family cycle of addiction and self-destruction behaviors.

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